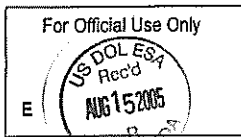


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6237</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>WILLIAM P DOYLE</u> P.O. Box, Bldg., Room No., if any <u>SUITE 800</u> Street <u>444 NORTH CAPITOL ST, NW</u> City <u>WASHINGTON, DC</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>	4. Name, file number, and address of labor organization. Name <u>DISTRICT NO. 1- PCD, MERA, AFL-CIO</u> Labor Organization File Number <u>DLG-581</u> P.O. Box, Building and Room Number, if any <u>SUITE 800</u> Street <u>444 NORTH CAPITOL ST, NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>LEGAL REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>William P. Doyle</u>	On <u>8-8-05</u> Date	<u>202-638-5355</u> Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name MEBA BENEFIT PLANS Trade Name, if any: BENEFIT PLANS P.O. Box, Bldg., Room No., if any Street 1007 EASTERN AVE. City BALTIMORE State MD ZIP Code + 4 21202	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name MEBA BENEFIT PLANS Trade Name, if any: BENEFIT PLANS P.O. Box, Bldg., Room No., if any Street 1007 EASTERN AVE City BALTIMORE State MD ZIP Code + 4 21202	11.a. Nature of such dealing. MEBA BENEFIT PLANS ARE A JOINTLY-TRUSTEED multiemployer benefit plans that provide benefits to participants represented by MEBA 11.b. Approximate dollar value of such dealing. \$109.91 12.a. Nature of interest held or income received. The amount identified in box 11b is for two dinners with the BOARD OF Trustees that I was required to attend. A summary of those reimbursed amounts is attached here to. See 11b 12.b. Amount. SEE 11b & 12a
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.           14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	

MEBA Medical and Benefits Plan  
2004 LM-10, LM-30 Reports

<u>Name</u>	<u>Plan</u>	<u>Acct/Vendor</u> <u>Number</u>	<u>Date</u> <u>Paid</u>	<u>Amount</u> <u>Paid</u>	<u>Explanation</u>
William Doyle				\$ 45.23	04/04 BOT Meeting Dinner
William Doyle				\$ 64.68	10/04 BOT Meeting Dinner
				\$ 109.91	

Name of Person Filing <u>WILLIAM P. DOYLE</u>	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name <u>BEINS, AXELROD, KRAFT, GLEASON &amp; GIBSON</u> Trade Name, if any: <u>BAKGG, P.C.</u> P.O. Box, Bldg., Room No., if any <u>Suite 704</u> Street <u>1717 MASS AVE, NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20036</u>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>BAKGG IS A LAW FIRM where the MEBA General Counsel is a PARTNER. THE FIRM provides all facets of representation of members' contracts, arbitrations, negotiations etc.</u>  11.b. Approximate dollar value of such dealing. <u>\$65.48</u>  12.a. Nature of interest held or income received. <u>There were 2 amounts reportable one was for dinner related to the Arbitration of MEBA vs. MTL. The other was for a meal in connection with the sale of the Union's SAN FRANCISCO Property. See 11b</u>  12.b. Amount. <u>See 11b &amp; 12a</u>
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>